DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) Dennis for Iowa State House. IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) Gounty/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates	FORM DR-2 (Rev. 01/2001) For Office Use Only Comm. # 365 Indexed Audited Computer
Candidate Name Ervin A Dennis MI 200 Political Party Ervin A Dennis MI 17 Republican Office Sought House of Rep. # 19 Brunelds Light William Signature of Treasures (or person filing this report) Telephone	J-/7-05 DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from \$2	20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A Dea, 31 54 REPORT FOR ANA (1) ELECTION (report date) Indicate on Complete Service	· }1
	Local Committees, enter County in ction is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	15 880,44
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
	11 225 11
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	16, 335, 44
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	15,978.67
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$	356.77
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	~ ~
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	
	0,010 * 00
CANDIDATE COMMITTEES ONLY: CONSULTANT PREAKDOWN (Schodule G. Attached?)	YES NO
CONSULTANT BREAKDOWN (Schedule G Attached?) (ALUE OF CAMPAIGN BROBERTY (From Schedule H - Attach Schedule H)	163 NO

FOR INSTI		

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis for Iowa State House

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTION
☑ CHECK AMEND	THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	VIFFOR FUND-RAISE CONTRIBUTIO
1-14-05	Republican Party of Iowa 621 East 9 th St Des Moines IA 5030	9	Media Production	970.00	
				·	
					•
•		√ : 9 _, 7,55	\		
			SUB-TOTAL	\$	
•			TOTAL (if last page of this schedule)	970	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURI
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001)	REPORT
Dennis for Iowa State House	For Office Use Or	nly
IMPORTANT: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Indicate type of committee you are reporting for: Important: Important: Indicate type of committee you are reporting for: Important: Importa	Comm. #	65
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate	Indexed	ــــــــــــــــــــــــــــــــــــــ
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates	Audited	
CANDIDATE COMMITTEES ONLY:	Joseph	
Candidate Name Political Party		
Ervin A. Dennis Republican		•,
Office Sought District (if Senate or House)		
House of Rep #19 #19		
		•
Lunelde L. Dennis 319) 266-843 2	1-04	-05
SIGNATURE OF TREASURER (or person filing this report) TÉLEPHONE	DATE SIG	NED
Routine Penalties Due For Late Filed Reports Range from \$	20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:		
I AM FILING A Dec. 31 04 REPORT FOR AN/A (1) ELECTION	/(2)NON-ELECTIO	N YEAR.
(report date) Indicate of		
☐CHECK IF AMENDMENT TO REPORT DATED \[\textstyle \textsty	ommittees, enter Date	of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	k Local Committees, e ection is held	nter County in
(Tod must condition to me reports drain a Notice of Dissolution is med.)		
STATEMENT OF CASH ON HAND	•	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held		
by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$	15 88	2.44
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	<u> </u>
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	45.	5 00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL\$	16 333	5.44
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	•	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	15, 97	P.67
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$	\$ 25	6.77
De zero) (Attach DA-3)		$\varphi:II$
*UNPAID BILLS (From Schedule D - Attach Schedule D)\$.0	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	\$ 27, 920	0.00
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	7 8,610	132
ANDIDATE COMMITTEES ONLY:		
ONSULTANT BREAKDOWN (Schedule G Attached?)	YES	NO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _		

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Dennis for Iowa State House	

SCHEDULE A: (Rev. 06/97)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FOR N		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	AMOUNT	√ IF
RECEIVED: (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		(if applicable)	HECEIVED	FUI RAIS INCO
	ID#	William c - Maxine Bright		s	
10-27-04	CK# 6775	4/11 S. Main Cedar falls IA 50613		25,00	
	ID#	Robert A Beck			
10-27-04	CK# 1293	3719 Eastpark Rd Cedar falls IA 50613 - 5483	·	25.00.	•
	ID#	Kemit - Carol Allard			
10-27-04	СК# 3936	10202 Mark Rd EF, IA 50613-9423		30,00	•
	ID#	Richard Linda Smith			
10-28-04	CK# 1786	205 Kaspend, Pl. Codar falls IA 50613	·	25,00	
	ID#	Lyle G. Harms			
10-29-04	CK# 7077	Cedar talls IA 50613-3642		75.00	
	ID#	Margaret A. Shay			
10-29.04	CK# 382 .	3603 Hillside Dr. Cedorfalls IA 50613-5877		50.00	
	ID#	George s. Warren			
10-29-04	CK# 3177	3638 Inverness Rd. Waterloo IA 50701		25.00	•
	ID#	Dick Robert		·	
11-1-04	CK# 8808	1931 Main St. Cedar falls IA 50613		00.00	
	ID#	Roger Kueter	· [
11-1-04	CK# 2578	Cedar falls IA 50613		25,00	
		Ruth Bernard			
11-01-04	CK#3778	801 W, 14th Cedar falls IA 50613		25.00	
			UB-TOTAL	40500	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE N	AME (MI	ust be same as	on Statement	of Organization)	<i>.</i>
Dennis -	for	Iowa	State	House	

SCHEDULE A: (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF VOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	- AMOUNT RECEIVED	√ IF FUI RAIS INCO
11-02-04	CK# /362	Dixie Hart 1003 Columbia Dr. Cedar falls IA 50613		\$ 25.00	
11-02-04	ID# CK# /653	Jerry - Erna Jorgensen 1224 240th St Waverly TA 50677	·	25.00	•
	ID# CK#		-		· .
	ID#				
	ID# CK#		•		
	D# CK#				
1	D# >K#				•
	O# :K#				
,)# K#	í .			
C					
			UB-TOTAL		

.

TOTAL (if last page of this schedule)

\$ 455.^D

Page 2 of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B	MONETARY
(Rev. 09/97)	EXPENDITURE

CHECK THIS BOX IF
AMENDING FORM

COMMITT	EE NANE (Must be	e same as on Statement of Organization)		
Denn	is for I	owa State House		
DATE EXPENDED (MM/DD/YR)	CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
-	NUMBER	Legislative Majority Fund		
10-27-64	<u> </u>	Rep Party 621 East 9th Des Meines IA 50309	Ads	\$ 5000,00
11-10-04	CK# //78	Vision Development service 1508 Storbeck Circle Cedar falls IA 50613	Advertising Agency	5,478.67
12-30-04	ID# CK# //79	Ervin A. Dennis 1034 W. 15th Cedar falls, IA 50613	Repayment of Loan	\$,500,00
	ID#	3 to 41 Talls, 11 30013		
-	CK#	,		•
	ID# CK#			
	ID#			<u> </u>
	CK#			
	D# CK#			
<u> </u>	D#			
c	CK#		·	
			SUB-TOTAL S	
			TOTAL (if last page of this schedule)	15,978.67

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page of	
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SEE BACK OF FORM

COMMITTEE ?	IAME (M	ust be same as	on Statement of O	Prganization)	\neg
Dennis	for	Iowa	State	House	

SCHEDULE E	IN KIND
(Rev. 06/97)	CONTRIBUTIO
	THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	VIFFOR FUND-RAISE CONTRIBUTIO
10-29-04	Legislative Majority fund Republican Party 621 Fast 9th Des meines IA 50309		Postage	350,00	
10-30-04	Des meines IA 50309 Legislative Majority Fund Republican Party 621 East 9th Des moines IA 50309		Printing	500.00	
11-01-04	Legislative Majority Fund Republican Party Desimology TA 50309		TV. Ad	17 470.00	
	Legislative Mejority Fund Republican Party 621 East 9th Des maines FA 50309		Radio and TV Ads	\$ 850.00	
	Legislative Majority Fund Republican Party 621 Hast 9th Des Moines IA 50309		TV Ad	750,00	
ŀ					
·					
			SUB-TOTAL	\$	·
÷	• 	. •	TOTAL (if last	\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule E)

page of this schedule)

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page________of